

## ***NEC Adventure Bound Participant Medical History and Information Form***

These forms will be used for the 2017 Dunbarton Elementary School Winter Activity Program running every Wednesday from 12:30-2:30 on the dates of 1/11-2/1. *These forms must be filled out prior to any student participating in an NEC contracted service.*

**Name:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_, Dunbarton, NH 03046

**Name, Address and Phone # of person to contact in case of emergency: (*write below*)**

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**Is your child allergic to anything? (bee stings, food or medicine) If so, what?**

**Are they taking and medications? If so, what?**

**Do they have any chronic illnesses (i.e. diabetes, epilepsy, asthma)? If so, what?**

**Do they have any physical conditions that might prevent them from performing any physical activities? If so, what?**

**Have they experienced any injuries (i.e. dislocations, severe sprains, torn ligaments, separations) within the past three years? If so, list here and identify when the injuries occurred and the extent and severity of the injury. Have they fully recovered?**

**Are they currently being treated by a physician (or have been within the past year)? If so, please explain.**

**Do they have any physical disabilities? Please explain**

**Do they wear contact lenses?**

**Family Doctor's name, address and phone number:**

**Name of insurance company that provides your coverage:**

*I have filled this form out to the absolute best of my knowledge and have disclosed all necessary information.*

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

***Please complete reverse side*** 

## **NEC Adventure Bound Liability Waiver**

Terms for Enrollment: All legal guardians *and* participants must sign. This form is due to NEC Adventure Bound prior to physical participation (by January 9). Students may not participate until the liability waiver is signed and turned in to NEC Adventure Bound Advisor.

We, the undersigned, acknowledge that a wide variety of activities are conducted during A Ropes Course Program at NEC, and students will participate in Low and High Ropes activities. I give permission for the student named in this application to participate in these activities, assuming all ordinary risks inherent to the nature of these activities. All students must be covered under parent/guardian's insurance for any injuries or illnesses that could occur during the program. Attach a copy of proof of insurance or provide information above.

**Please print names below:**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student/Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Terms for Enrollment

- *NEC and Adventure Bound* reserves the right to dismiss any student/ participant whose influence and/or conduct becomes obnoxious, or in any way detrimental to the best interest of the NEC Adventure Bound Program, leaders or other participating students.
- *NEC and Adventure Bound* reserves the right to use photographs/video of the students for promotional purposes.
- Activities normally associated with *Adventure Bound* take place in a variety of settings as determined by the *Adventure Bound* Advisor and *Adventure Bound* student leaders.

By signing below I, hereby, grant permission for my student to participate in these activities.

**I understand that NEC and Adventure Bound does not accept responsibility or liability for any injury or accident incurred during the student's participation in such activities and hereby voluntarily release, discharge, waive and relinquish all claims against NEC and its trustees, employees and student leaders arising out of any accident or injury including death.**

NEC and Adventure Bound will assume no liability for loss or damage to student's/participant's personal property.

All student leaders are highly trained in Wilderness First Responder or Wilderness First Aid, CPR and risk management of leading wilderness trips. The Adventure Bound Advisor will oversee and instruct high ropes activities. By signing below, we give permission to provide or transport for emergency care and allow us to handle all medications the participant is taking while participating on the trip.

**Please sign below:**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2017

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2017

Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2017